GOVERNMENT OF THE DISTRICT OF COLUMBIA EXECUTIVE OFFICE OF THE MAYOR OFFICE OF BOARDS AND COMMISSIONS



Director Office of Boards and Commissions Executive Office of the Mayor 441 Fourth Street, N.W., Room 530-South Washington, D.C. 20001

Dear Director:

I hereby affirm that my taxes comply with **Federal and District of Columbia** laws through the most recent tax year. I understand that this information is merely for the purpose of determining and verifying residence and does not include disclosure of my actual tax returns. I further understand that the verification that is received is not subject to dissemination to any individual outside of the Office of Boards and Commissions.

(Please Print Name)	
	(Signature)
	(Date)
(Please Pro	ovide and Print Your Social Security Number)
	(Home Telephone Number)
	Business Telephone Number)

441 4th Street, N.W., Suite 530-South, Washington, D.C. 20001 (202) 727-1372 Fax: (202) 727-2359

GOVERNMENT OF THE DISTRICT OF COLUMBIA EXECUTIVE OFFICE OF THE MAYOR OFFICE OF BOARDS AND COMMISSIONS



TAX WAIVER FORM

This form is a Waiver Form for the Release of District Tax Information from the Office of Tax & Revenue, Office of the District of Columbia Chief Financial Officer. <u>Please return by facsimile to (202) 727-2359.</u>

	(Date)
	(Duit)
(Name of Taxpayer and Spouse if Tax Returns are Filed Jointly.)	
(Address of Taxpayer)	
I hereby give the District of Columbia Office of Tax & Revenue, Office of the Chief	Financial Officer, consent to
release my tax information to an authorized representative of the Office of Boards an	d Commissions. I
understand that the information released under this consent will be limited to whether	
in compliance with the District of Columbia's tax laws and regulations as of	dovis data)
If I am not in compliance, I further consent that the Office of Tax & Revenue may in	form the
authorized representative whether or not I am maintaining a payment agreement.	
I understand that this information is merely for the purpose of determining whether of	or not I am in compliance with the
revenue laws of the District of Columbia and for verifying my place of domicile; but	does not include disclosure of my actual
tax returns. I further understand that the information that is received from the Office	e of Tax and Revenue, Office of the Chief
Financial Officer, pursuant to this release will be placed in my file that is maintained by	by the Office of Boards and Commissions
and is not subject to dissemination to any individual outside of the Office of Boards a	and Commissions.
(Signature of Taxpayer)	
(Signature of spouse, if tax return is filed jointly.)	

441 4th Street, N.W., Suite 530-South, Washington, D.C. 20001

OBC Form 4 Rev. 1/05